



ANGELO STATE UNIVERSITY
 Office of the Registrar
 ASU Station # 10898
 San Angelo, Texas 76909
 (325) 942-2043

Military Assigned to Duty in Texas:

This program permits nonresident students to pay tuition and fees at the resident rate. This waiver applies to students that are non-Texas members/dependents of the U.S. Armed Forces and Commissioned Officers of the Public Health Service while they are stationed in Texas. See Texas Education Code Sec. 54.241(b); As per Texas Education Code 54.2002, the waiver can only be used for state-funded courses. This excludes nonresident students not physically residing in Texas from receiving this waiver if courses are distance education (online only).

Indicate First Term for Request:

Fall Spring Summer I Summer II Year: _____

1. Full Legal Name: Mr. Ms. Mrs.

2. Degree Plan: _____

[Last Name] [First Name] [Middle Name] [Student's CID Number]

3. Local Address:

[Number and Street] [City] [State] [Zip code]

4. I certify my relationship to the military person listed below is: (check one) [Self Spouse Child]

Name of Military Personnel Rank Service Number Branch of Service

Current Duty Assignment and Station Mailing Address

Date Assigned Order Number Issuing Authority of Orders

State of Legal Residence as shown on Official Military Records / Leave and Earning Statement: _____
 IF YOUR LEGAL RESIDENCE FOR TAX PURPOSES IS TEXAS PLEASE COMPLETE PAGE 2 OF THIS FORM

5. I certify that if any of the above information changes or once I become aware of any changes, I will notify the Office of the Registrar at Angelo State University within ten (10) days. I further certify that the above information is true and correct and understand that falsification of any information will void my enrollment at Angelo State University and subject me to the tuition penalties which are provided by the laws of the state of Texas. Failure to notify the Registrar's Office of changes may result in non-resident tuition fees to be assessed without further notice.

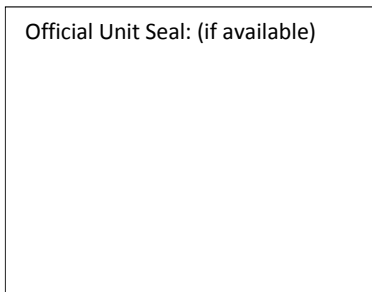
Required:

MILITARY MEMBER SIGNATURE: _____ DATE: _____

If applicable:

DEPENDENT STUDENT SIGNATURE: _____ DATE: _____

CERTIFICATION BY UNIT COMMANDER OR PERSONNEL OFFICER: (electronic signatures are not accepted)
 The information provided above is the same as recorded in the member's military personnel record.



SIGNED: _____
 Rank: _____ Date: _____
 Position/Title: _____
 Unit: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED IF YOUR LEGAL RESIDENCE IS TEXAS

3. a. When did you enter the service? _____
- b. What was your home of record upon your original entry into the service? City: _____ State: _____
- c. What state do you designate as your legal residence for income tax purposes? _____
State: _____
- d. If the answer to 3c is different from the original home record listed in 3b, when did you file form DD2058, State of Legal Residence Certificate, with the military claiming Texas as your state of legal residence/domicile? Month: _____ Year: _____
- e. Please list any duty assignments in Texas and dates stationed at each:
Duty station: _____ Month / Year _____ Month / Year _____
From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Ensure required signatures are completed on the front of this form and attach a copy of your monthly Leave and Earnings Statements (LES) for ONE YEAR preceding the first term of attendance.